

MAINE WORKERS' COMPENSATION BOARD  
AUGUSTA, MAINE 04330

\_\_\_\_\_  
*Employee*

vs.

AGREEMENT BETWEEN

EMPLOYER AND EMPLOYEE

\_\_\_\_\_  
*Employer*

AS TO PERMANENT IMPAIRMENT

\_\_\_\_\_  
*Insurance Carrier*

We, \_\_\_\_\_,  
Name of Injured Employee

Residing at \_\_\_\_\_,  
Street, Number and Town

and \_\_\_\_\_,  
Name of Employer

of \_\_\_\_\_,  
Address of Employer

have reached an Agreement in permanent impairment for the injury sustained by said employee, and submit the following statement of facts relative thereto:

1. Said injury was received on \_\_\_\_\_, 20\_\_\_\_\_.
2. Nature of injury: \_\_\_\_\_  
\_\_\_\_\_
3. Extent of permanent impairment: \_\_\_\_\_ % to \_\_\_\_\_ (member)
4. Employee's weekly wages if on salaried basis at time of injury: \_\_\_\_\_
5. Employee's average weekly wage as per wage schedule attached: \_\_\_\_\_
6. IT IS AGREED that Permanent Impairment shall be paid in the amount of \$\_\_\_\_\_

The foregoing Permanent Impairment Agreement is herewith submitted to the Board for approval.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
BY \_\_\_\_\_ Employer

\_\_\_\_\_  
Employee

Permanent Impairment Agreement must be signed by employee and by employer or a duly authorized representative.

Date: \_\_\_\_\_ -

\_\_\_\_\_  
HEARING OFFICER